

***Johnson City Police Department***  
***Collision Avoidance Training Program***  
**PERMISSION FORM AND RELEASE OF ALL CLAIMS**

**STUDENT INFORMATION**

Class Date \_\_\_\_\_

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

Current Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are there any health issues we should be aware of? \_\_\_\_\_

Is any medication being taken that will in any way affect the safe operation of a vehicle?

Yes / No     If yes please list all medications on the back of this form.

NOTE: This is a drug free program and students will not be allowed to take any medications or drugs not listed on this form

**STUDENT STATEMENT OF VOLUNTARY PARTICIPATION AND RELEASE OF CLAIMS**

We hereby state that this application to participate is entirely voluntary on my part and is made with the understanding of the following: (1) the training course involves moving vehicles being operated by inexperienced drivers; (2) I will be operating a vehicle with the express written consent of the owner of the vehicle; (3) damage may occur to the vehicle that I am driving or to other vehicles involved in the course; and (4) my participation in this course subjects me to risk of serious, catastrophic, permanent injury, or even death.

We hereby certify that the vehicle which the student intends to use in this course is in good working order; including the vehicle's brakes, suspension, steering and tires. I understand that instructors may at their discretion refuse to allow any vehicle on the driving range they feel is not in safe working condition. I understand that the program will be lead by certified instructors. However, I hereby release and agree to hold harmless the Johnson City Police Department, the National Traffic Safety Academy, their instructors, and the facilities and locations utilized to conduct this program from any and all liability, including any acts of NEGLIGENCE on behalf of an agent or apparent agent of any of these entities or another participant in the course.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date